**ERASMUS+**

**FORMULARZ ZGŁOSZENIOWY KANDYDATA NA PRAKTYKI ZA GRANICĄ**

**ROK AKADEMICKI 2022/2023**

(*projekt finansowany ze środków Unii Europejskiej*)

**APPLICATION FORM FOR A CANDIDATE FOR INTERNSHIP ABROAD**

**ACADEMIC YEAR 2022/2023**

 *(project financed from the European Union funds)*

1. Nazwisko *(Surname)*.................................................................................................................
2. Imiona *(Names)*.........................................................................................................................

3. Data i miejsce urodzenia *(Date and place of birth)*..................................................................

4. Pełny adres zamieszkania

a) stały – miejscowość, ulica, kod pocztowy, kraj *(Full address in home country: city, street, post code, country):*

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5. Numer telefonu *(Phone number)*..............................................................................................

6. E-mail:.......................................................................................................................................

7. Numer dowodu osobistego lub Karty Pobytu *(ID card: Residence Card / Visa number)* ......................................................................................................................................................

8. Data ważności dowodu osobistego (ID card validation date)..................................................

9. PESEL *(Personal identity number\* tax number )*....................................................................

10. Płeć: [K/M] *(Sex) [F/M]*.........................................................................................................

11. Obywatelstwo *(Citizenship)*....................................................................................................

12. Kierunek studiów *(Field of study)*..........................................................................................

13. Rok i stopień studiów - licencjat/magister *(Year and degree of study: bachelor/master degree)*..........................................................................................................................................

14. Aktualny semestr studiów *(current study semester)*: .............................................................

15. Tryb studiów: dzienne/zaoczne *(Study mode: full-time / part-time)*

16. Numer albumu studenta *(Student’s Index Number)*................................................................

17. Liczba ukończonych lat studiów wyższych:*(Number of university years completed)*..........

18. Znajomość języków obcych (proszę określić stopień zaawansowania)

*(Knowledge of foreign languages (please specify the level of advancement)*

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| --- | --- | --- | --- | --- | --- |
| JĘZYK *(language)* | BARDZO DOBRA *(very good)* | DOBRA*(good)* | ŚREDNIA*(average)* | SŁABA*(weak)* | ŻADNA*(none)* |
| Ojczysty (*Native*)…………….. |  |  |  |  |  |
| ANGIELSKI *(English)* |  |  |  |  |  |
| INNY*(Other)………………* |  |  |  |  |  |
| INNY*(Other)………………* |  |  |  |  |  |

Uczęszczanie na lektorat z języka angielskiego w WSEI:

*(Attending an English language course at WSEI in Lublin:)*

□ Tak */ Yes*

□ Nie */ No*

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| --- |
| SEKCJA DO UZUPEŁNIENIA PRZEZ ODPOWIEDNI DZIEKANAT *(SECTION TO BE FILLED BY THE STUDENT’S DEAN’S OFFICE)*Ocena z języka angielskiego za minimum 2 zaliczone semestry potwierdzone przez Dziekanat (proszę wpisać odpowiednio: zaliczenie – Z, egzamin – E) *(English grade for minimum 2 last passed semesters confirmed by the Dean's Office - please enter, respectively: pass - Z, exam - E)*sem ………………..sem……………………….sem………………………sem……………….Średnia ocen ze studiów (minimum 2 lub 4 ostatnie semestry) *(Average grade from studies – minimum 2 or 4 last semesters)*sem…………………..sem………………………sem…………………..sem………………….Oceny potwierdzone przez Dziekanat ( podpis i pieczęć) *(Grades confirmed by the Dean's Office (signature and stamp)* …………………………………………………………………………………………………… |

19. Czy brałeś/-łaś udział w wyjazdach na studia/praktyki w ramach Programu Erasmus+ w poprzednich latach?
*(Did you do studies/traineeships within Erasmus+ Programme in previous years?)*

□ Tak */ Yes*

□ Nie */ No*

Jeśli zaznaczyłeś odpowiedź „Tak”, to...

(If you marked „Yes”, then…)

1. Kiedy? daty: ………………………………………..
*(When? Dates:……………………………………………)*
2. Ile miesięcy? ……………………………………………
*(How many months? ………………………………………………)*
3. W ramach którego stopnia studiów?

(*Within which study degree?*)

□ licencjackie (*bachelor)*

□ magisterskie (master)

20. Czy posiadasz oświadczenie o niepełnosprawności?

*(Do you have a disability certificate?)*

□ Tak */ Yes*

□ Nie */ No*

21. W jakim kraju chciałbyś odbyć praktykę w ramach program Erasmus +?
*(In which country would you like to do an Erasmus + internship?)*

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22. Powód ubiegania się o wyjazd na praktykę w ramach Programu Erasmus+ (proszę umotywować)
*(The reason for applying for an internship within the Erasmus+ programme - please motivate)*

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23. Zainteresowania *(Interests)*:

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24. Udział w kołach naukowych, organizacjach sportowych, studenckich itp.*:
(Participation in student research groups, sports and student organizations, ect.)*

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*Wyrażam zgodę na przetwarzanie moich danych osobowych przez Wyższą Szkołę Ekonomii i Innowacji w Lublinie w celu prowadzenia rekrutacji do programu Erasmus +.*

*I hereby consent to my personal data being processed by University of Economics and Innovation in Lublin for the purpose of considering my application to the Erasmus+ programme.*

Lublin, dnia ......................................... czytelny podpis ..............................................................

 *(date) (legible signature)*

**STATEMENT DATA PROTECTION POLICY**

*(obligation of information in relation to Articles 13 and 14 of the Regulation of the European Parliament and of the Council (EU) 2016/679 - As of 25 May 2018, the EU General Data Protection Regulation (GDPR), governing the use of personal data comes into effect. It aims to strengthen the rights of individuals to manage personal data held on them. Personal data, representing your entity, might include: emails, address, phone number, qualifications and details on your professional working experience. By signing, you will give consent for your data to be stored in university’s database.)*

In connection with activities of the Center of Projects and International Cooperation at University of Economics and Innovation in Lublin supporting searching for internships, job placements, job offers or any other kind of mobility programmes in European countries,

I agree to the updated privacy policy:

1. That the database administrator is the WSEI University, the address: Projektowa Street 4, 20-209 Lublin, as a beneficiary of Erasmus+ Programme.
2. The processing of my personal data is legal and fulfills the conditions referred to in art. 6 par. 1 lit. c and art. 9 par. 2 lit. g Regulation (EU) 2016/679 of the European Parliament and of the Council - personal data are necessary for the implementation of Erasmus+ Programme, on the basis of the current grant agreement.
3. My personal data will be processed only for the purpose of implementing EU projects by the Center of Projects and International Cooperation at WSEI University, in particular confirmation of eligibility of expenditures, support, monitoring and evaluation, control, audit and reporting as well as information and dissemination activities according to the rules of specific EU Programme.
4. My personal data has been entrusted to:

- International organizations – partners of WSEI University, involved in common implementation of student's mobility for studies and apprenticeship in the Erasmus + program project.

- Organisations responsible for audits, monitoring and control of EU programmes on national as well as European level.

1. Providing data is a prerequisite for receiving support, and the refusal to provide it is tantamount to the inability to provide support under EU projects.
2. My personal data will not be subject to automated decision making.
3. My personal data will be kept until the date specified in specific grant agreement.
4. I can contact the Data Protection Inspector by sending a message to the e-mail address: iod@wsei.lublin.pl
5. I have the right to lodge a complaint to the supervisory body, which is the President of the Office for Personal Data Protection in Poland.
6. I have the right to access my data and correct, delete or limit processing.

………………………………………… ……………………………………….

Place and date Legible signature